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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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Application Number	09/770,643
Filing Date	January 26, 20 ECEIVED
First Named Inventor	Turner DEC 0 a 200
Group Art Unit	1647 OFFICE OF PETITIONS R. Landsman
Examiner Name	R. Landsman
Attorney Docket Number	LEX-0122-USA

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X	Fee Transmi	ttal Form		Assignment Papers (for an Application)		After Allowance Communication to Group		
,	Fee	Attached		Drawing(s)		Appeal Communication to Board of Appeals and Interferences		
	Amendment	/ Reply		Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
	After	Final	X	Petition		Proprietary Information		
	Affid	avits/declaration(s)		Petition to Convert to a Provisional Application		Status Letter		
	Extension of	Time Request		Power of Attorney, Revocation Change of Correspondence Address	X	Other Enclosure(s) (please identify below):		
	Express Aba	ndonment Request		Terminal Disclaimer	- returr	n postcard		
	Information D	isclosure Statement		Request for Refund				
	Certified Copy of Priority Document(s)			CD, Number of CD(s)				
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts under 37 CFR 1.52								
		SIG	NATU	RE OF APPLICANT, ATTORNEY,	OR AG	ENT		
Firm <i>or</i> Indivi	Firm							
Signa	ature c	Lona K. Dle	mos	a by Savil W. Filler M	VID W.	HBIER DE. No. 41, 071		
Date	Date November 29, 2004							
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mail in	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 November 29, 2004 on this date:							
Typed	or printed nar	ne Nancy Stacey		<u> </u>				
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FEE TRANSMITTAL for FY 2004

09/770,643 **Application Number** 04/26/04

Complete if Known

Applicant claims small entity status. See 37 CFR 1.27

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 685.00

Filing Date	01/26/01	
First Named Inventor	Turner	RECEIVED
Examiner Name	R. Landsman	CIVED
Group Art Unit		DEC 0 9 2004
Attorney Docket No.	LEX-0122-L	FICE OF

METHOD OF PAYMENT (check all that apply)							FEE	CALCULATION (continued)	-HIIONS		
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Deposi Accoun Name	nt Le	exicon Ge	enetics	Incorporated		1053	130	1053	130	Non-English specification	
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				s) during the pendency of		1805	1,840*	1805	1,840**	action Requesting publication of SIR after Examiner action	
	harge f	ee(s) indic	ated be	low, except for the filing	fee	1251	110	2251	55	Extension for reply within first month	
to the abo	ove-ider	ntified dep	osit acc	ount.		1252	430	2252	215	Extension for reply within second month	
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1401	340	2401	170	Notice of Appeal	1
1001	790	2001	395	Utility filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
1002	350	2002	175	Design filing fee		1403	300	2403	150	Request for oral hearing	
1003	550	2003	275	Plant filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1004	790	2004	395	Reissue filing fee		1452	110	2452	55	Petition to revive - unavoidable	
1005	160	2005	80	Provisional filing fee		1453	1,370	2453	685	Petition to revive - unintentional	685
	_			SUBTOTAL (1) (\$)		1501	1,370	2501	685	Utility issue fee (or reissue)	
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			Extra	Fee from Claims below	Fee Paid	1503	660	2503	330	Plant issue fee	
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Multiple C	_	ent		=		1806	180	1806	180	Submission of Information Disclosure Strnt	
Large	Entity	Small	Entity			8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descrip	tion .	1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 1201	18 88	2202 2201	9 44	Claims in excess of 20 Independent claims in ex	rcess of 3	1810	790	2810	395	For each additional invention to be	
1203	300	2203	159	Multiple dependent claim		.5.0	150	2010	JJJ	examined (37 CFR § 1.129(b))	_
1204	88	2204	44	**Reissue independent of over original patent		1801	790	2801	395	Request for Continued Examination (RCE)	
1205	18	2205	9	** Reissue claims in exce and over original pate		1802	900	1802		Request for expedited examination of a design application	
			SUI	BTOTAL (2) (\$)		Other fe	ee (specify	y)		 _	
**or	number	previously	∕ paid, if	greater; For Reissues, se	e above	*Reduc	ed by Bas	iic Filing	Fee Paid	subtotal (3)	685.00

SUBMITTED BY	Complete (if applicable)				
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866	Telephone	(281) 863-3333
Signature	Jance K. Deurout of David TV. Holler TAVID W. HABLER REG. NO. 41,071		Date	November 29, 2004	

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